

CENTRAL ACCIDENT REPORTING OFFICE (CARO) P.O. BOX 809 JEFFERSON CITY, MO 65102 573-751-2837 TOLL FREE 1-888-622-7694

AUTHORIZATION TO RELEASE MEDICAL RECORDS - WORKERS' COMPENSATION

	o Whom It May Concern:			
	the undersigned,		,SOCIAL SE	CURITY NUMBER ,
-	, do hereby request and authorize any medical hea			
	of this authorization, to disclose to the State of Missouri, Central Accident Reporting Office, or its			
	epresentative, including the Attorney General of Missouri and his A	ssistan	ts, any materia	il or information
	oncerning		with respect to	illness or injury,
	nedical history, consultation, treatment including but not limited to x-r			
	prescriptions and copies of all hospital or medical records. A photostatic copy of this authorization shall be			
	annidered as offective and valid as the original			
	considered as effective and valid as the original.			
•	his is not a release of any claim I may have.			
SIGNED			DATE	
SIGNED			DATE	
OTDEET A				
STREET A	JUNE 33			
CITY		STATE		ZIP CODE